

OASIS TRAINING

MO830 to MO906

MO830: Emergent Care

since the last time OASIS data were collected, has the patient utilized any of the following services for emergent care (other than home care agency service)? *(Mark all that apply.)*

- 0- No emergent care services (**If no emergent care, go to MO855**)
- 1- Hospital emergency room (includes 23-hour holding)
- 2- Doctor's office emergency visit/house call
- 3- Outpatient department/clinic emergency (includes Surgi-center sites)
- UK- Unknown
(**If UK, go to MO855**)

MO830: The patient was held in the ER suite for observation for 36 hours. Was this a hospital admission or emergent care?

- If the patient were never admitted to the inpatient facility, this encounter would be considered emergent care. The time period that a patient can be 'held' without admission can vary from location to location, so the clinician will want to verify that the patient was never actually admitted to the hospital as an inpatient.

MO840 Emergent Care Reason:
For what reason(s) did the pt/family seek emergent care? (*Mark all that apply.*)

- 1- Improper medication administration, medication side effects, toxicity, anaphylaxis
- 2- Nausea, dehydration, malnutrition, constipation, impaction
- 3- Injury caused by fall or accident at home
- 4- Respiratory problems (e.g. SOB, respiratory infection, tracheo-bronchial obstruction)
- 5- Wound infection, deteriorating wound status, new lesion/ulcer
- 6- Cardiac problems (e.g. fluid overload, exacerbation of CHF, chest pain)
- 7- Hypo/Hyperglycemia, diabetes out of control
- 8- GI bleeding, obstruction
- 9- Other than above reasons
- UK- Reason unknown

MO840: Question about when a client has a fall outside of the home. If they go to the doctor's office for care and falls there, should the answer to MO840-Emergent Care Reason be #3-Injury caused by fall or accident at home or #9-Other than above reason (since the fall/accident did not occur in the home)?

- Response 3 would be selected for an injury caused by a fall or accident at home. If a patient sought emergent care for an injury that occurred while away from home, the correct response to MO840 would be 9-Other than above reasons.

MO855

To which Inpatient Facility has the patient been admitted?

- | | |
|--|---------------------------------------|
| ■ 1- Hospital (Go to MO903) | ■ 4- Hospice (Go to MO903) |
| ■ 2- Rehabilitation facility (Go to MO903) | ■ NA- No inpatient facility admission |
| ■ 3- Nursing Home (Go to MO903) | |

MO870

Where is the patient after discharge from your agency? (*Choose only 1*)

- 1- Patient remained in the community (not in hospital, nursing home, or rehab facility)
- 2- Patient transferred to a non-institutional hospice (Go to MO903)
- 3- Unknown, patient moved to a geographic location not served by agency. (Go to MO903)
- UK- Other unknown (Go to MO903)

MO870: My patient was admitted to the hospital, and I completed the assessment information for Transfer to the Inpatient Facility. His family informed me that he will be going to a nursing home rather than returning home, so my agency will discharge him. How should I complete these items on the discharge assessment?

- Once the transfer information was completed for this patient, no additional OASIS data would be required. Your agency will complete a discharge summary that reports what happened to the patient for the agency clinical record; however, no discharge OASIS assessment is required in this case. The principle that applies to this situation is that the patient has not been under the care of your agency since the inpatient facility admission. Because the agency has not had responsibility for the patient, no additional assessments of OASIS data are necessary.

MO880: After discharge, does the patient receive health, personal or support Services of Assistance?
(Mark all that apply.)

- 1- No assistance or services received
- 2- Yes, assistance or services provided by family or friends
- 3- Yes, assistance or services provided by other community resources (e.g. MOW, home health services, homemaker assistance, transportation assistance, assisted living, board and care)

MO880: What if my patient is being discharged from a payer source in order to begin care under a new payer source?

- The OASIS items do not request a reason for discharge, only whether the patient is continuing to receive services if he/she remains in the community. In this situation, the appropriate response for MO870 would be 1- Patient remained in the community, and the correct response for MO880 would be 3- Yes, assistance or services provided by other community resources.

MO890: If the patient was admitted to an acute care **Hospital, for what **Reason** was he/she admitted?**

- 1- Hospitalization for emergent (unscheduled) care
- 2- Hospitalization for urgent (scheduled with 24 hours of admission) care
- 3- Hospitalization for elective (schedules more that 24 hours before admission)care
- UK- Unknown

MO890

**What if MO830 was already answered “yes”?
How should I answer this item?**

- You should respond to MO890 appropriately for the situation. MO830 might have been answered “yes” for a separate instance of emergent care, not necessarily relating to this hospitalization. If the patient was hospitalized after having been seen in the emergency room, then MO830 would be answered “yes” MO890 would most likely be answered with response 1- Hospitalization for emergent (unscheduled) care.

Two-Day OASIS Training

MO895 Reason for Hospitalization: (Mark all that apply.)

- 1- Improper medication administration, medication side effects, toxicity, anaphylaxis
- 2- Injury caused by fall or accident at home
- 3- Respiratory problems (SOB, infection, obstruction)
- 4- Wound or tube site infection, deteriorating wound status, new lesion/ulcer
- 5- Hypo/Hyperglycemia, diabetes out of control
- 6- GI bleeding, obstruction
- 7- Exacerbation of CHF, fluid overload, heart failure
- 8- Myocardial infarction
- 9- Chemotherapy
- 10- Scheduled surgical procedure
- 11- Urinary tract infection
- 12- IV catheter related infection
- 13- Deep vein thrombosis, pulmonary embolus
- 14- Uncontrolled pain
- 15- Psychotic episode
- 16- Other than above reasons

MO900 For what Reason(s) was the patient Admitted to a Nursing Home? (Mark all that apply.)

- 1- Therapy services
- 2- Respite care
- 3- Hospice care
- 4- Permanent placement
- 5- Unsafe for care at home
- 6- Other

MO903

- Date of Last (Most Recent) Home Visit:

____/____/____
month day year

MO903: Do the dates in MO903 and MO090 always need to be the same? What situations might cause them to differ?

- When a patient is discharged from the agency with goals met, the date of the assessment (MO090) and the date of the last home visit (MO903) are likely to be the same. Under three situations, however, these dates are likely to be different: (1) transfer to an inpatient facility; (2) patient death at home; and (3) the situation of an “unexpected discharge”. In these situations, the MO090 date is the date the agency learns of the event and completes the required assessment, which is not necessarily associated with a home visit. MO903 must be the date of an actual home visit.

MO906

■ Discharge/Transfer/Death Date:

Enter the date of patient discharge, transfer, or death (at home):

____/____/____
month day year